Best Available Copy

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE
FOR			NUMBER F	ILED	NUMBE	R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2 √ minus 20=		. 4			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			(O minus 3 =		· ウ			X40=		OR	X80=	560
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	,
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL		OR	TOTAL	1347
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	_	Minus	**	- 10 	=		X\$ 9=_	. <u></u>	OŖ	X\$18= <u>-</u>	
	Independent	NTATION OF M	Minus	***	T CL AIM	<u> </u>	-*	X40=		OR	X80=	- 32
┞	FIRST PRESE	NIATION OF M	ULTIPLE DEP	CINDEIN	I CLAIIVI		, [+135=		OR	+270=	
			•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM			X40=		OR	X80=	
┞	FIRST PRESE	NIATION OF MI	OLTIPLE DEP	ENDEN	T CLAIIVI	<u></u>	┙┃	+135=		OR	+270=	
							ا.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CLAIM	=	4 [X40=		OR	X80=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
· .	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, wri	te "0" in co	lumn 3.	L	TOTAL		ΩB	TOTAL	
"	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											